

CITY AND COUNTY OF HONOLULU



WORK SHEET REQUESTING A BLOCK PARTY

NAME OF EVENT: _____

EVENT DATE: _____, Day: _____, Start time: _____

REQUEST IS BEING MADE BY and/or co-sponsored by: (mark accordingly)

- () City agency () State agency () Federal agency
() Commission or emissary of a State or Country
() Registered Non-Profit organization
() Individual firm, partnership, corporation

PURPOSE OF THE EVENT: _____

LOCATION: _____

ANSWER INFORMATION QUESTION: (insert Y= yes, N= no)

answer remarks

- | | | |
|---|-------|-------|
| 1. Is this event for fund raising purposes? | _____ | _____ |
| 2. Is this event open to the public? | _____ | _____ |
| 3. Is this event using all volunteer workers? | _____ | _____ |
| 4. Will there be entertainment on the street? | _____ | _____ |
| 5. Will food be served or consumed on the street? | _____ | _____ |
| 6. Will liquor be served or consumed on the street? | _____ | _____ |
| 7. Will anything be offered for sale on the street? | _____ | _____ |
| 8. Will booths or stages be erected on the street? | _____ | _____ |

ADDITIONAL INFORMATION: (insert N/A when not applicable)

1. Number of first aid stations: _____, ambulances: _____
2. Command post located at: _____
3. Last year's date: _____, last year's permit number: _____

NAME OF ORGANIZATION: _____

Telephone number: (____) _____ Fax number: (____) _____

Name of person in charge: _____

Telephone number: (____) _____ Fax number: (____) _____

Authorized Signature: _____ Date: _____

Complete and sign form. Mail to: Department of Transportation Services
Pacific Park Plaza
711 Kapiolani Blvd., Suite 320a
Honolulu, HI 96813

For more information, call 523-4022